


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2003 8:00 am**  
**Secretary of State**

08-21-2003 90106 020 \*\*\*150.00

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<b>DOCUMENT #</b> P00000118045	
1. Entity Name <b>FUEL CHARGER, INC.</b>	

Principal Place of Business <b>110 EAST ATLANTIC AVE., SUITE 240 DELRAY BEACH FL 33444</b>	Mailing Address <b>110 EAST ATLANTIC AVE., SUITE 240 DELRAY BEACH FL 33444</b>
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2. Principal Place of Business <b>11821 N. LAKE DR</b>	3. Mailing Address <b>11821 N. LAKE DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Boynton Beach, FL</b>	City & State <b>Boynton Beach, FL</b>
Zip <b>33436</b>	Country <b>US</b>

4. FEI Number <b>65-1109273</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>JACKSON, ANDREW B ESQ 150 N. COMMERCE AVE. SEBRING FL 33871-2025</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

4. <b>FILE NOW!!! FEE IS \$550.00</b> <i>150.00</i> <b>After September 10, 2003 Fee will be \$750.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DETORE, CHARLES M 7609 W JOSEPHINE ROAD LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST DETORE, JUDY P 7609 W. JOSEPHINE ROAD LAKE PLACID FL 33852</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHAIRMAN JOEL B. NAGELMANN 11821 N. LAKE DR BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P. / DIRECTOR KENNETH J. HECKMAN 2905 BROOKVALE COURT ALPHARETTA, GA 30004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOEL B. NAGELMANN* **JOEL B. NAGELMANN** *8/19/03* **561 374-7488**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80139430  
#P000000118045



Joel B. Nagelmann  
Fuel Charger, Inc.  
11821 N. Lake Dr.  
Boynton Beach, FL 33436  
Telephone: 561 374-7488  
Fax: 561 739-9207  
E-mail: jnagelmann@AOL.com

Monday, August 18, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

This letter is to state that the corporation did not receive the initial notice of UBR's filing fees due. We have moved corporate offices and this notice just caught up with us.

As such, we are enclosing the original fee due of \$150.00. Thank you for your assistance.

Sincerely,

Chairman/President